Q1 Physiologic skin changes in pregnancy.

Caused by hormonal changes in pregnancy.

① Pigmentary changes :-
- Diffuse hyperpig. (80% of pregnant) with accentuation of normally hyperpigmented area e.g areola, axilla, Pig. of linea alba "linea nigra".
- Melasma 70% of pregnant
- Darkening of nevi.
- Pigmentation of vaginal & inner thigh

② Hair changes :-
- Hirtutism.
- Postpartum T.E & Postpartum male pattern alopecia.

③ Nail changes :-
Subangual hyperkeratosis, distal onycholysis, transverse grooving & brittleness.

④ Glandular :-
- ↑ eccrine activity → hyperhydrosis, miliaria, dysthidrotic eczema
- ↓ apocrine " → Hidradenitis Suppurativa alleviated
- ↑ Sebaceous " → excoriation of AV.
Montgomery's tubercles on areola enlarge.

⑤ Striae distensae
Atrophic longitudinal bands which are pink or purple at first, then white mainly on abdomen & buttocks.
It is caused by adrenocortical activity.

⑥ Vascular Changes : spider nevi, palmar erythema, Varicose haemorrhoids, dermatographism.

⑦ Gingival hyperemia :-
may be associated ē gingivitis

⑧ Prurigo gravidarum :- usually ē no primary lesion usually at 3rd trimester due to functional hepatic disturbance induced by estrogen

Q. Dermatoses of pregnancy?

skin changes and dermatoses of pregnancy includes.
(I) physiologic skin changes
(II) dermatoses aggravated by pregnancy
(III) specific dermatoses of pregnancy.

(I) physiologic skin changes:

- due to hormonal changes of pregnancy
- includes:

① pigmentary changes:
- diffuse hyperpigmentation (90% of pregnants) & accentuation of normally pigmented areas = g areola
- pigmentation of axilla, inner thighs.
- melasma (70% of pregnants): may persists postpartum in darkly pigmented skin types.
- Darkening of Nevi - linea alba → linea nigra.

② Nail changes: → subungual hyperkeratosis, distal onycholysis, brittle nails, transverse grooving.

③ hair changes: → Hirustism, post-partum telogen effluvium, post-partum male pattern alopecia

④ glandular changes:
- ↑ eccrine activity → hyperhidrosis, miliaria, dyshidrotic
- ↑ sebaceous activity → exacerbation of Acne Vulgaris, enlarged montogomery's tubercle.
- ↓ apocrine activity: alleviation of Hidradenitis suppu

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⑤ Vascular changes:
spider Nevi, palmar-erythema, Varicosities, hemorrhoides, dermographism, non-pitting facial oedema.

⑥ gingival hypermia ± gingivitis

⑦ prurigo gravidarum:
- occur usually in 1st trimester.
- No dry lesion
- due to functional liver disturbances caused by oestrogen.

⑧ striae distensae:
- longitudinal atrophic bands → 1st pink or pur
- then become white → on abdomen, buttocks.
- It's due to ↑adenocortical activity.
- other causes: obesity, adolescence, Cushing's & prolonged use of local steroid under occlusion or

II dermatoses aggravated by pregnancy.

① infections: e.g HSV, V-Z virus, Condyloma accumina, leprosy, Candida, AIDS
② inflammatory: e.g
e.g Atopic dermatitis, Hidradenitis suppurative, A.V
③ autoimmune diseases: e.g
SLE, Dermatomyositis, Pemphigus vulgaris, foliaceo
④ Metabolic: e.g PCT
⑤ Tumors: e.g
Keloid, Nevi, dermatofibroma, Pyogenic granuloma, M.F
⑥ ~~His cell cancer~~ e.g Ehlers-Danlos ✗

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Date: No.

(III) specific dermatoses of pregnancy:

① Intrahepatic cholestasis of pregnancy (ICP):

- It occurs in the 3rd trimester
- recurrence ē subsequent pregnancies in (50%)
- **Cause:**

* ↓ excretion of bile acids due to:
  - mutation in gene (ABCB4) encodes bile transporter ptn
  - under effect of estrogen, progesterone
  - triggers: ↓selenium, Leak gut.

- **C/P:**

* generalized pruritus, excoriation without ry ry skin lesion.
* Jaundice in 50% of pts.
* malabsorption of fat → weight loss and
* vit K deficiency → intra uterine hemorrhage
* ↑ still birth, fetal distress.

- **investigations:**
  - abnormal liver function tests.
  - elevated serum bile acids.

- **tt:**
  - The only successful agent is:
  - oral ursodeoxycholic acid (UDCA)

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② Impetigo herpetiformis:

- It occurs in the 3rd trimester
- recurrence ē the subsequent pregnancies : may occu

- **Cause:**
  - * It's variant of pustular psoriasis
- **C/P:**
  - * wide-spread sheets of erythema ē pustular margin
  - * site: start in the flexures
  - * sparing the palm, sole, face.
  - * There is fever, diarrhoea, vomiting.
- **investigations:**
  - * ↑ ESR
  - * leukocytosis
  - * hypocalcemia (may be triggering factor)
- **H/P:**
  - Identical to psoriasis ē spongiform pustules of Kogj
- **tt:**
  - * prednisolone (0.5mg/kg/day) = 40mg/day
  - * Calcium
  - * termination is indicated.
- **prognosis:**
  - * stillbirth and placental insufficiency.

③ Herpes gestationis (HG) "pemphigoid gestationis":

③ Herpes gestations (HG) " pemphigoid gestations " :

- It occurs in the 2nd or 3rd trimester.
- recurrence & subsequent pregnancies is common
- Cause:

* autoimmune bullous disorder
* the target antigen is BP AG-2 = (Bp 180kd)
* HG factor is IgG1 Ab binds to BpAg2 at BMZ → Chemotaxis of eosinophils → release of proteolytic enzymes → subepidermal blister
* ↑ HLA-DR3 , HLA-DR4 + Anti-HLA Abs.

- C/P:

* intensely pruritic erythematous plaques → generalized bullous eruption
* site: abdomen, mainly peri-umbilical
* Sparing: face, palm, sole, m.m.

- investigations:

* DIF: → linear C_3, IgG at BMZ
* Salt split skin → at the roof

- H/P:

* Subepidermal blister.
* basal cell necrosis.
* eosinophilic spongiosis (the most constant feature)

- tt:

① mild cases: potent topical steroids
Systemic antihistamines.

② Severe Cases:
Systemic prednisolone (0.5mg/kg/day)
20-40 mg/day.

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Date: No.

④ Purpuric urticarial papules and plaques of pregnancy (PUPPP) = polymorphic eruption of pregnancy (PEP):

- It occurs in the 3rd trimester = the most common
- No recurrence in subsequent pregnancies
- **Cause:**
  * rapid abdominal distension in primigravida → C.T damage in striae → inflammatory response
- **C/P:**
  * severly pruritic polymorphous eruption e.g urticarial papules, plaques, E M-like lesion.
  * **site:**
    usually starts in the striae on the abdomen and spread peripherally.
  * Sparing palm, sole, face.
- **H/P:**
  mild spongiosis + superficial perivascular inflammatory infiltrate of numerous eosinophils.
- **IF:** -ve
- **tt:**

① topical: corticosteroids
anti pruritic (e.g Menthol, Doxepin)

② systemic: prednisone
antihistamines.

Dr Emad Shalaby

Date:

⑤ Atopic eruption of pregnancy (AEP):

- It occurs in 75% of pts before the 3rd trimester i.e (2nd, 3rd)
- recurrence in subsequent pregnancies is common. (the most common pruritic disorder in pregnancy)
- **Cause:**
  - * to prevent fetal rejection → there is lack of strong maternal cMI and
  - * reduced Th_1 response and switch to Th_2 response
  - * Th_2 response is already present in most atopic patients → development of AEP
- **C/P:**
  - * eczematous lesions, papules impté atopic background
  - * site: extensor limbs, abdomen
  - * NO maternal or fetal risk.
- **ttt:**

① Topical: - corticosteroids
- antipruritic (menthol)
- emollients
- humectants - topical urea

± ② antihistamines (orally)

Dr Emad Shalaby

Internal Q 3

Q3 → Herpes progenitalis in pregnancy?

→ this infection aggravated by pregnancy

Primary genital infection:
more severe & prolonged than recurrent infection, presents & constitutional symptoms & painful grouped vesicles in genitalia → progress to pustules. Crusting & exquisitely tender ulcer ± lymphadenopathy, painful cervicitis, urethritis, proctitis.

Recurrent genital herpes:
Genital HSV infections can result in subclinical viral shedding or clinically evident recurrences
More of HSV2 than HSV1)
is relatively mild.
limited number of vesicles reappear on the genitalia or buttock ± prodromes followed by grouped vesicle pustules → ulceration & resolution of in 1. frequency of recurrence correlate directly & the severity of the primary infection & tends to decrease over the next several year

Internal Q3

(2)

Q ++++

⇒ Prophylactic:

- Avoid trigger factors
- Caesarean section in pregnant female
- Avoid intercourse if there is history of H. progenitalis
- Spermicidal foam for female & Condom for male followed by washing & water & soap after intercourse.

⇒ Curative:

→ Vesicular stage: Antiseptic e.g alcohol bath or gentian violet.

- Ulcerated stage: Antiseptic ointment & Systemic antibiotics for secondary infection.

→ Antiviral therapy:

(first episode): Acyclovir 200 mg Po 5 x 1d x 10 day

- Famciclovir 250 mg Po tid x 10
- Valacyclovir 1g m Po bid x 10

(Recurrent): → Acyclovir 400 mg Po tid x 5 day

- famciclovir 1g m Po bid x 1 day
- Valacyclovir 500 mg Po bid x 3 days

Cutaneous manifestations of liver diseases ❷

q 4

What are the main skin changes in liver diseases?

- **Pruritus:** There is no indication that histamine plays a role in the pathogenesis of hepatobiliary itch. Therapeutic response to antihistamines is limited. Oral cholestyramine "Questran®" 8-12 g daily and a diet rich in polyunsaturated fatty acids may provide relief.
- **Urticaria and transitory erythema** often present in patients with hepatitis.
- **Telangiectasia**, e.g. spider angiomas, diffuse telangiectasia of palms (mainly on thenar and hypothenar regions).
- **Pigmentary changes:**
  - Jaundice "yellowish hue of sclera and soft palate".
  - Diffuse muddy-grey hypermelanosis.
  - Chloasma-like pigmentation in the perioral and periorbicular areas.
- **Hair and nail changes:**
  - Thinning or partial loss of body hair. Males develop female hair pattern.
  - Nail changes: Clubbing, white flat nails, striation and white bands.
- **Striae distensae.**
- **Xanthomatosis.**
- **Porphyria cutanea tarda.**
- **Lichen planus.**
- **Pseudoglucagonoma syndrome.**
- **Hepatocutaneous syndrome:** In chronic active hepatitis and 1ry biliary cirrhosis, reddish firm papules leaving slightly depressed atrophic scars may occur.
- **Gianotti-Crosti syndrome.**
- **Alcoholic cirrhosis and Zn deficiency.**

Bad prognostic skin signs include: Palmar erythema, purpura, spider nevi, bleeding.

Q 5 - I

عنوان الدرس — اليوم — التاريخ

(5) Dermatologic manifestations of HCV

I) common:

1) Mixed cryoglobulinemia (MC)

It is an immunological disorder characterized by the presence of serum immune complexes.

* About 60% of cases of MC are due to HCV infection

& cutaneous lesions: purpura, Livedo reticularis, acrocyanosis, hemorrhagic Bullae, ulcerations, and ulcerations

2) Leukocytoclastic vasculitis.

3) Necrolytic acral erythema (NAE)

It appears on the dorsal surface of the feet as well. circumscribed dusky erythema with flaccid blisters in early stages.

Q 5-2

عنوان الدرس ..... اليوم ..... التاريخ / / ١٤

(4) Porphyria cutanea tarda (PCT)
Co- & of, d/t. of PCT have HCV

(II) less common associations
(1) Lichen planus
generalized LP, mucosal ulcerative LP
or LP of chronic duration
(2) Sjogren's syndrome
(3) Uveitis-cornea
uveitis and Vasculites. may be
associated with HCV
(4) Psoriasis

(III) Rare associations.
(1) Polyarteritis nodosa
(2) Erythema nodosum
(3) Erythema multiforme
(4) Pyoderma gangrenosum

Thyrotoxicosis (too much thyroid hormone)

Cutaneous manifestations

q 6

- Skin: Warm, moist, smooth and thin.
- Diffuse alopecia.
- Plummer's nails: Onycholysis with upward curvature.
- Hyperpigmentation: Diffuse, localized or Addisonian pattern.
- Grave's disease:
  - Ophthalmopathy.
  - Pretibial myxedema.
  - Acropachy (digital clubbing, soft tissue swelling of hands and feet and periosteal new bone formation).

Internal Q 7

①

Q7 → Renal Pruritus

→ pruritus is the most frequent symptom of end stage renal disease experienced by 80% of patients undergoing maintenance dialysis

→ Uremic pruritus can be localized or generalized

→ intermittent intense paroxysms that disrupt disrupt sleep & daily activities

⊙ clinically: Excoriations, lesions of lichen simplex chronicus & prurigo nodularis

⊙ Pathophysiology: May be multifactorial

- xerosis
- histamine & mast cell proliferation & degranulation (controversial)
- Retention of uremic toxins that excite cutaneous free nerve endings.
- abnormal pattern of cutaneous innervations.
- Defective Sweating

(2) Internal 07

- ~~Hypervitaminosis A~~
- ~~Iron deficiency anemia~~
- ~~The presence of specialized receptors for pruritus in chronic dialysis patients has also been proposed. but not after transplantation.~~
- ~~accumulation of allergy~~ ~~immunologic alteration, Th2 lymphocyte~~ pattern is involved in the pathogenesis of renal pruritus

→ Management:

~~[efficient regular dialysis is the best treatment]~~

UVB twice weekly for one month

UVA is less effective.

~~oral activated charcoal 6 g/day 2 hours before or 1 hour after food.~~

~~oral naltrexone [opioid antagonist]~~

~~Topical Capsaicin. 25%. effective in localized uremic pruritus.~~

~~cholestyramine, topical steroids. antihistamines, Topical lubricants.~~

Renal

A) Related to multisystem disorder: (5 S, vessel, F N)

- SLE - Sarcoidosis - Scleroderma - 1ry Systemic amyloidosis - Tuberous Sclerosis
- Vasculitis: HSP, PAN, LCV - Fabry's - Neurofibromatosis

B) Related to end-stage renal disease:

** Signs & symptoms:* جلده ينشف و لونه يتغير و يجي عليه فطريات

1- Pruritus

2- Xerosis, acquired ichthyosis

3- Keratotic pits on palm & sole

4- Color changes: pallor, yellow, ecchymosis, hyperpigmentation, uremic frost

5- Onychomychosis & tinea pedis

6- Nail: Muchreke nails, half & half nail, pale nail, splinter he

** Specific disorders:*

1- Perforating disorders: Kyrle's disease

2- Metastatic calcification

3- Bullous diseases: PCT, pseudoporphyria

C) Related to dialysis: 4 P - HANG

1- Pruritus
2- Acquired perforating dermatosis
3- Bullous dermatosis
4- Pseudo-PCT
5- Splinter Hge
6- Acne
7- Uremic neuropathy
8- Gynecomastia

D) Related to transplantation: Increased incidence of infections, cancer, cushing syndrome

q 7

DM

A) Cutaneous diseases associated with DM:

الوان

Acanthosis nigricans

yellow skin, Eruptive xanthoma 2 اصفر

Palisading (NBLD, Generalized GA)

oral leukoplakia, oral LP 2 ابيض

Acquired **p**erforating dermatosis

Pigmented purpuric dermatosis

Diabetic **b**ullae, Diabetic dermopathy, Diabetic thick skin

B) Cutaneous infections associated with DM:

1- Bacterial : pyoderma, pseudomonas, Erythrasma, G-ve & anaerobes

2- Fungus: candida- deep fungal infection

C) Cutaneous complications associated with DM:

1- Microangiopathy: thickening of wall of small blood vessels

2- Macroangiopathy: atherosclerosis → atrophy, hair loss, cold, nail dystrophy

3- Neuropathy: neurotrophic ulcer, charcot joints

D) Cutaneous complications of diabetic ttt:

a. *Effects of oral hypoglycemic agents:*

Maculopapular eruptions, generalized erythema, EM, urticaria, lichenoid eruptions

b. *Cutaneous reactions to insulin:*

* Allergic reactions:

1- Immediate local reaction: 15-30 min .Erythema- urticaria- IgE

2- Generalized reaction

3- Delayed HSR

4- Biphasic reaction: immediate & delayed- arthus- immune complex reaction

Others: keloid, papules, purpura, lipoatrophy, lipohypertrophy

q 8

Q? Pruritus in absence of avisible skin disease. parasitosis
neuropsychiatric psychogenic Pruritus, Emotional stress, Neurotic excoriations, delusions of
↳ Systemic pruritus " systemic Causes : ∴ BLINKED

① blood disorders.
- iron deficiency anemia
- Polycythemia vera : 5% of ptn follow a hot bath.

② Liver diseases.
- Biliary cirrhosis : 1ry or 2ry to Carcinoma, chronic ~~pruritus~~ hepatitis C, pregnancy, or drugs " as oral contraceptive pills "
- HCV in 4% of ptn with pruritus

③ Infections / infestations :
Parasitic : Giardiasis, onchocerciasis, ascariasis
HIV : may be due to → Seb. dermatitis, Candidiasis, hepatic, renal dys.
↳ due to Eosinophilic pustular folliculitis

④ Neoplastic : Hodgkin lymphoma (35% of ptn with pruritus which may precede 5 years)
Lymphoma, Leukemia, Mutiple M., internal malignancy

⑤ Kidney diseases. 80% of ptn on hemodialysis

⑥ Endocrine disorders :
D.M, hyperthyroidism (4-11% of ptn), hypothyroidism (2ry to xerosis)
Carcinoid Syndrome

⑦ Drug reactions : Opiates, phenothiazines, aspirin, PUVA, antimalarials.

Q. Cutaneous manifestations of internal malignancy?

* Curth Criteria for correlation between dermatoses and internal malignancy:
  1. concurrent onset
  2. parallel course
  3. significant association (statistically)
  4. uniform site or type of neoplasm associated & skin disease
  5. linkage through an inherited syndrome.

* internal malignancy manifeststs on skin either:
  - directly as metastasis or
  - indirectly as syndromes [genodermatoses, paraneoplastic]
  - as associated for unknown cause

(a) Cutaneous metastasis:

- pink, violaceous papules, nodules.
- underlying malignancy:
  breast, lung, lymphoma, leukemia

(b) genodermatoses syndromes:

- **Wiskott-Aldrich syndrome:**
  - XLR
  - eczema, petechia
  - underlying malignancy: lymphoma

- **ataxia telangiectasia:**
  - Telangiectasia
  - AR
  - underlying malignancy: lymphoma, leukemia.

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- Common variable immunodeficiency
- Combined severe immunodeficiency

- **Peutz-Jeghers syndrome:**
  - AD
  - pigmented spots on lips, m.m.
  - underlying malignancy: intestinal cancer

- **Gardner's syndrome:**
  - AD
  - epidermoid cysts, sebaceous cyst, leiomyoma
  - underlying malignancy: Cancer Colon

- **Bloom's Syndrome:**
  - AR
  - Café au lait macules, sensitivity to sunlight
  - underlying malignancy: lymphoma, leukemia

- **dyskeratosis congenita:**
  - XLR
  - poikiloderma
  - underlying malignancy: oral cancer, others

- **Fanconi's anaemia**

- **adult progeria**

- **Muir-Torre syndrome:**
  - AD
  - Multiple sebaceous glands tumors
  - underlying malignancy: Cancer Colon

Date: No.

- **Howel Evans Syndrome:**
  - AD
  - palmo-plantar Keratoderma.
  - underlying malignancy: oesophageal carcinoma

- **Cowden's syndrome:**
  - AD
  - multiple facial trichilemmomas around mouth and nose, warty mucosal papules, warty acral keratoses, papillomatous papules.
  - underlying malignancy: Cancer breast, thyroid.

- **Nevoid basal cell carcinoma syndrome:**
  - AD
  - palmo plantar pits.
  - underlying malignancy: BCC (multiple, early)

- **Multiple endocrine neoplasia MEN type III:**

- **Neurofibromatosis**
- **Hemochromatosis**

(C) para neoplastic syndromes:

* **acanthosis nigricans:**
  - velvety hyperpigmentation of body folds
  - underlying malignancy: GI adenocarcinoma.

* **acquired ichthyosis:**
  - diamond-shap scales (often on legs)
  - underlying malignancy: lymphoma

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* ACquired angioedema:
  - ±out urticaria
  - underlying malignancy: lymphoproliferative disord.

* ACquired hypertrichosis lanuginosa:
  - sudden growth of soft, downy hair in adults.
  - underlying malignancy: lung, GIT cancer

* Bazex syndrome (acrokeratosis paraneoplastica)
  - psoriasiform plaques on palms, soles, nose, ear helices.
  - underlying malignancy: upper aerodigestive tract malignancy

* Bullous eruptions: e.g
  - bullous pemphigoid, PV ⟹ thymoma
  - paraneoplastic pemphigus ⟹ lymphoma.

* Bowen's disease:
  - erythematous, scaly, well-defined patches.
  - SCC

* Carcinoid syndrome:
  - flushing of head, neck, pellagra-like dermatitis
  - ↑5-HLA A (Hydroxy indoleacetic acid = serotonin metabolite)
  - underlying malignancy: bronchial, gastric carcinoid tumors

* Cutis verticis gyrata:
  - thickening, wrinkling of skin.
  - furrowing of calp, face.
  - pachydermoperiosteosis

* C3, C4 globulin

Date: No.

* Cryoglobulinemia:
  - purpira, acrocyanosis, livedo reticularis.
  - underlying malignancy: lymphoplasmocytic disorders.

* Dermatomyositis:
  - gottron's papules, poikiloderma
  - GI, ovarian cancers

* Erythroderma:
  - MF

* Erythema gyratum repens:
  - gyrate polycyclic plaques with trailing.
  - underlying malignancy: various cancers but bronchogenic carcinoma is the most common.

* Necrolytic migratory Erythema (NME):
  - erythematous patches, bullae over face, groin, abdomen (severe intertrigo)
  - underlying malignancy: pancreatic carcinoma, glucogonoma: glucagon secreting tumors → weight lass, glossitis, NME

* Leser-trélat sign:
  - sudden onset of multiple seborrheic keratsis
  - underlying malignancy: lymphoma, GI, breast carcinoma.

* Trousseau's Sign: (migratory superficial thrombophlebitis)
  - oval, tender, erythematous lesions on arm, leg, abdome
  - underlying malignacy: pancreas, lung cancer

Date: No.

- oval, tender, erythematous lesions on arm, leg, abdome
- underlying malignacy: pancreas, lung cancer

* Multicentric reticulohistocytosis.
  - erythematous papules over face, dorsal hands + arthritis.
  - underlying malignancy: various Cancers.

* pyoderma gangrenosum:
  - rapidly extending ulceration é undermined edge
  - under lying malignancy: hemabologic malignancy especially ē atypical bullous form)

* Sweet's syndrome:
  - erythematous, pseudovesicular papules, nodules, plaques.
  - underlying malignancy: lymphoma, leukenia

* Tripe palm (acanthosis palmaris):
  - Thickened velvety palms é prononced dermatoglyphics.
  - lung Cancer (if alone). gastric cancer (if palm+AN)

(D) associated é non-specific lesions:

* pruritus
* Clubbing of digits.
* Herpes zoster
* digital ischemia, gangrene.
* urticaria

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Q11 I

عنوان الدرس ..... اليوم ..... التاريخ / / 11

(11) Mucocutaneous manifestations of HIV disease.

(1) Infections.

(1) Viral.

(a) Herpes Viruses.

- HSV
- VZV
- EBV
- CMV

(b) HPV

(c) Molluscum contagiosum

(2) Fungal

(a) Candidiasis.

(b) Dermatophytosis

(c) cryptococcosis

(d) Histoplasmosis.

(3) Bacterial

(a) staph aureus

(b) Atypical mycobacteria

(c) Extrapulmonary TB

(d) Bacillary angiomatosis.

(4) parasite / protozoal

(a) Demodicidosis

(b) Scabies.

Q 11 - 2

عنوان الدرس ..... اليوم ..... التاريخ / / ١٤

(II) Non infectious-

(1) papulosquamous :-

(a) Seborrheic dermatitis.

(b) Psoriasis

(c) Pityriasis rosea

(d) Xerosis / acquired ~~ichthyosis~~ ichthyosis

(2) Folliculitis.

(a) Eosinophilic

(b) Itchy

(3) Drug reactions

(4) Miscellaneous

(a) Vasculitides.

(b) Pruritus

(c) Urticaria

(d) Alopecias.

Q 11. 3

عنوان الدرس

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III Neoplastic

① Epidemic Kaposi's Sarcoma
② Lymphoma
③ cervical Cancer
④ Intraepithelial carcinoma

IV STDs in HIV infected patient

① Herpes genitalis
② chancroid
③ Syphilis
④ Granuloma inguinale
⑤ HPV

Page :
Date :

13 Internal Medicine

Q- Dermatitis artefacta ???

* Definition :-

- It is an artifactual skin disease caused by the actions of the fully aware patient.

- usually adult females > Males (6:1).

* Etiology :-

- In children :- - anxiety
  - Impaired parent-child relationship
  - Child abuse

- In adults :-
  - Personality disorders
  - Neurosis

* Clinical Pic :-
  - Vague history.
  - bizarre, Irregular lesions.
  - In sites easily reached by the dominant hand of the Patient.

* Treatment :-

Occlusive dressing + Psychotherapy.

KHUFU

Q13 : Dermatitis artefacta? ⟹ Internal medicine

Df: It is artefactual skin disease caused by actions of fully aware patient on the skin, hair, nails or mucosa - the patient hide the responsibility for their action from their doctors.
female > male (6:1) mainly adult

It is related to anxiety and Immaturity of Coping styles in response to stress and dysfunctional parent-child relationship.

C/p: vague history, bizarre & irregular lesions (blisters, burn, ulcers) in sites easy to reach by dominant hand

III: occlusive dressing + psychotherapy.

Q 15 PUPPP

- Pruritic urticarial papules & plaques of pregnancy. It is also called "polymorphic eruption of pregnancy"

- It occurs in Primigravidas in the 3rd trimester & doesn't usually recur in subsequent pregnancies.

* Clinical picture :-
  - Severely pruritic polymorphous eruptions (papules, plaques & erythema multiforme like lesions.
  - usually start in the striae in abdomen & spreading peripherally
  - The face, palm & sole are commonly spared.
  - It resolves after delivery.
  - It is harmless to mother & fetus

* Histopathology :-
  - mild spongiosis & superficial perivascular cell infiltrate with numerous eosinophils.

* IF :- -ve

* Pathogenesis :-
  - rapid abdominal distension in primigravidas in 3rd trimester may cause damage to C.T in the striae & trigger the inflammatory response to PUPPP

* Treatment :-
  - Prednisone for short course
  - Antihistamines.
  - Topical corticosteroids
  - UVB therapy.

DM

A) Cutaneous diseases associated with DM:

الوان

Acanthosis nigricans

yellow skin, Eruptive xanthoma 2 اصفر

Palisading (NBLD, Generalized GA)

oral leukoplakia, oral LP 2 ابيض

Acquired **p**erforating dermatosis

Pigmented purpuric dermatosis

Diabetic **b**ullae, Diabetic dermopathy, Diabetic thick skin

B) Cutaneous infections associated with DM:

1- Bacterial : pyoderma, pseudomonas, Erythrasma, G-ve & anaerobes

2- Fungus: candida- deep fungal infection

C) Cutaneous complications associated with DM:

1- Microangiopathy: thickening of wall of small blood vessels

2- Macroangiopathy: atherosclerosis → atrophy, hair loss, cold, nail dystrophy

3- Neuropathy: neurotrophic ulcer, charcot joints

D) Cutaneous complications of diabetic ttt:

a. *Effects of oral hypoglycemic agents:*

Maculopapular eruptions, generalized erythema, EM, urticaria, lichenoid eruptions

b. *Cutaneous reactions to insulin:*

* Allergic reactions:

1- Immediate local reaction: 15-30 min .Erythema- urticaria- IgE

2- Generalized reaction

3- Delayed HSR

4- Biphasic reaction: immediate & delayed- arthus- immune complex reaction

Others: keloid, papules, purpura, lipoatrophy, lipohypertrophy